

(1) PLACE OF BIRTH
County of Wm. Byrd
Township of York
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics,
State Board of Health

File No.—For State Registrar Only

20440

Registration District No. 4301

Registered No. 761
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucella Fortman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? No (7) DATE OF BIRTH June 25 25
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Frank Fortman
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Estelle Stinner
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE S.C.
(19) OCCUPATION Cannery Helper
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Estelle Stinner at 40 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. Stinner
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report
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(26) Witness
(Signature of Witness necessary only when question 23 is signed by nurse)
June 26 25 (27) J. C. Blackwell
Local Registrar

*If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

STATE OF SOUTH CAROLINA, COLUMBIA S. C.